



Healthy Families Arizona Longitudinal Evaluation

2nd Annual Report November 2006



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Executive Summary

The purpose of this report is to describe the first year of implementation for the longitudinal evaluation of Healthy Families Arizona. The Healthy Families Arizona longitudinal evaluation is designed to:

1. provide evidence of the program's effectiveness;
2. examine program impacts on parents and children over a five-year period to determine if any early differences between those receiving the Healthy Families Arizona program and those not receiving the program are maintained;
3. examine the elements related to success, e.g., study the variation in outcomes based on mother and child characteristics, client/worker relationship, and site characteristics; and
4. examine the cost of offering the program to families over a 5-year period.

The Healthy Families Arizona longitudinal evaluation collects data from the same families over five years. The evaluation design focuses on children ages 0 to 5 years which is the time that children are the most vulnerable to child abuse and neglect, and will also allow for an assessment of school readiness as the children approach kindergarten. A group of 95 families who enroll in Healthy Families Arizona services (the experimental group) will be compared to a group of 95 families who did not receive the program (the control group). The outcome study component of the evaluation will assess changes within the families, and will compare across families in the two groups over time.

The longitudinal evaluation differs in three important ways from the ongoing evaluation of Healthy Families Arizona that has been conducted annually since 1991:

1. The longitudinal evaluation is long-term – it follows the same families for five years regardless of whether or not they remain enrolled in the program. This is different from the ongoing annual evaluation of Healthy Families Arizona that does not follow families once they leave the program.
2. The longitudinal evaluation uses a randomized control group as opposed to a comparison group as a means to determine program



effectiveness. Random assignment to the control group and the intervention group, i.e., the Healthy Families Arizona program, allows for the assumption that the groups are equivalent prior to entry into the program. The ongoing evaluation cannot provide insight into whether or not the outcome would have been any different in the absence of Healthy Families Arizona.

3. The longitudinal evaluation employs additional measures that are not currently used in the ongoing evaluation. The purpose of these additional measures is to assess a full-range of risk and protective factors and potential program outcomes. For example, domestic violence, substance abuse, mental health, and discipline of children are systematically measured.

Significance of the Healthy Families Arizona Longitudinal Evaluation

The longitudinal evaluation will provide highly significant information to the field of family support services for several reasons. First, Healthy Families Arizona has grown substantially as a preferred method of preventing child abuse and neglect. Second, controlled studies of home visitation, although few in number have produced mixed results. This has put pressure on Healthy Families programs across the nation to demonstrate evidence of impact. Arizona has long been recognized as a leader in the Healthy Families model of home visitation, therefore, the outcome of this evaluation has national, as well as state and local significance. Finally, the Governor's office, state legislators, and child advocates expect evidence of program accountability.

Status of the Evaluation

Initial efforts for the longitudinal evaluation have focused on participant recruitment and retention. As of October 31, 2006, 95 families had been recruited to the control group and an additional 10 families were still needed for the experimental group. The research assistants had conducted a total of 175 baseline interviews, 78 6-month interviews and 2 12-month interviews. Retention at 6 months was 95% as of October 31, 2006, although this is considered temporary attrition because it is possible that contact with families may be reestablished by the 12-month interview.



The Healthy Families Arizona Longitudinal Evaluation

The Healthy Families Arizona longitudinal evaluation was designed to deal with the criticisms of previous longitudinal and experimental evaluations, as well as with the criticisms of other evaluations of home visiting programs in general. As such, the longitudinal evaluation:

1. uses random assignment to treatment and control groups to examine the program as the cause for any observed changes between the two groups;
2. tests a series of hypotheses;
3. is designed to provide the most adequate statistical power possible within the available budget, i.e., failing more than 20% attrition, the sample size is large enough to maintain confidence that if the null hypothesis is rejected the alternative hypothesis is likely true given moderate effect sizes;
4. examines participants from nine Healthy Families Arizona sites in order to provide adequate variation across the program; multi site evaluation is important to determine if treatment effects can be replicated. Replication of treatment effects is one standard for judging the validity of the causal claim that the program is responsible for the outcome. The importance of replication is based on the notion that no single realization will ever be sufficient for understanding a phenomenon with validity;
5. is guided by a theory of change based on a review of theoretical and empirical literature on child maltreatment and home visitation;
6. measures fidelity to the program model (e.g., frequency of the home visits, content of the home visits, and supervisory sessions);
7. measures the services received by the control group; hence it recognizes that individuals in this group are non-participants who may receive services through other means, thus the Healthy Families Arizona program is being compared to available community services without the benefit of home visitation;
8. uses measures with good validity and reliability, and where possible measures that go beyond self-report; in addition to substantiated child



abuse and neglect the evaluation examines method of discipline, exposure to domestic violence, and childhood injuries;

9. to the extent possible, employs masked data collection; and
10. follows a true experimental design with intent to treat, meaning that families are tracked even after leaving the program

Participating Healthy Families Arizona Sites

The evaluation team established a set of criteria to target site selection. In 2004 the Healthy Families Arizona Quality Assurance provided data on the 23 established Healthy Families Arizona sites. Based on stability of staff and number of participant openings it was decided that the best location for the study in a metro area would be Pima County. Pima County had six established sites in the metro area and a seventh rural site. The rural site was later added to the study to increase the pool available for recruitment. The selected sites had minimal staff turnover and demonstrated success in engaging and retaining participating families. Through subsequent expansion of Healthy Families in Pima County, an additional two sites were added in 2006, to bring the total number of sites to nine. Oversight for all nine Pima County sites occurs through Child and Family Resources, Inc.

Target Participants

Five exclusion criteria related to recruitment were specified. These criteria were arrived at through collaboration with the administrative staff of Healthy Families Arizona in Pima County, and were informed by consultation with the Family Assessment Workers. The five exclusion criteria were:

1. Families referred to Healthy Families Arizona by CPS
2. Families who self-referred
3. Families for which the hospital social worker made a referral to Healthy Families Arizona
4. Families that were particularly crisis ridden as determined by the FAW staff in consultation with their supervisor
5. Prenatal families who enrolled in Healthy Families prior to their 8th month of pregnancy (if they enrolled during their 8th month of pregnancy or later, they could be included in the longitudinal evaluation after the birth of their baby).



These five exclusion criteria were specified in order that the sample would be representative of the most typical Healthy Families Arizona participants in Pima County. In addition, the family had to meet two criteria for inclusion that are standard to participation in Healthy Families Arizona statewide. First, the score on the Parent Survey had to be equal to or greater than 25 for either parent, and second, the child had to be no more than 3 months of age at the time of enrollment to the evaluation. This is important with regard to the information that is collected at baseline. Ideally the baseline measure should occur as soon after birth as possible.



Recruitment

A sample of 190 participants is needed for the longitudinal evaluation. This number was set with the expectation of up to a 20% attrition rate over the life of the evaluation. Split evenly between the two groups, the desired size of the experimental and control groups is 95 families each.

Recruitment for the longitudinal evaluation has followed the standard Healthy Families Arizona recruitment process. Following the birth of a child at one of the referral hospitals, the Healthy Families Arizona 15-item screen is conducted by the Family Assessment Worker (FAW). The FAWs work in local hospitals to screen and recruit new mothers for participation in Healthy Families Arizona. Over the course of recruitment for the longitudinal evaluation, in addition to the standard recruitment process, the FAWs gave the mothers a brochure about the longitudinal evaluation and asked if they would be interested in participating in a randomized study referred to as the Arizona Child Development Project. If the parent was not interested they were provided with information on Healthy Families Arizona without the longitudinal evaluation. If the family was interested in participating in the longitudinal evaluation they were randomly assigned to one of two groups. To simplify the process of random assignment, group assignment followed days of the week. For instance, if the family was screened on Monday, Tuesday, Friday or Saturday, they were assigned to the experimental group. If the family was screened on Wednesday or Thursday and agreed to participate in the study, they were assigned to the control group. The control group participants (consisting of 95 new mothers) have no involvement with Healthy Families. They are, however, administered the Parent Survey to establish if they meet the eligibility requirements of Healthy Families Arizona. In total, five of the mothers interviewed for the control group did not score 25-points or greater on the Parent Survey, nor did the fathers, and thus these families were not included in the group of 95 control families, because they would not have been otherwise eligible for Healthy Families. To increase the pool of families eligible for recruitment, an extra FAW was hired by LeCroy and Milligan Associates, Inc., to screen families on Sundays at two local hospitals. The extra FAW alternated recruitment for each group, control and experimental, each Sunday.



Two employees of LeCroy and Milligan Associates, Inc., referred to as Research Assistants, received the referrals for the longitudinal evaluation from the Family Assessment Workers (FAWs) in the Pima County Healthy Families Arizona program. Families assigned to the experimental group were first enrolled into Healthy Families by the FAWs before the Research Assistants received the referral. Those who did not enroll were not contacted by the Research Assistants. Families assigned to the control group were referred directly to the Research Assistants and they were not contacted any further by Healthy Families.

Once the Research Assistants received a referral for either group, they initiated contact with the mother by telephone to give her additional information about the longitudinal evaluation and to share the benefits of participating in the study and to set up the first interview. At the baseline interview, a detailed consent form outlining the evaluation was reviewed, contact information was collected, and the baseline questionnaire administered. Participants who agreed to participate in the Arizona Child Development Project were asked to sign an informed consent form outlining a description of the Healthy Families Arizona longitudinal evaluation and any potential benefits and risks. The consent form also outlined the incentives for participation, and the responsibility of the participant and researcher. One copy of the signed consent was left with the participant and a second copy is kept on file at LeCroy & Milligan Associates, Inc.

Families were informed that participation in the evaluation includes free developmental assessments of their children at regularly scheduled intervals (control group only as Healthy Families parents receive this as a part of regular service), information on community resources, and monetary incentives that increase in value on an annual basis. Participants were also advised of the time commitment of the evaluation - a maximum of 90-minutes per in-home visit, and a total of seven visits over a five-year period. Parents were told that if they moved or decided not to continue with Healthy Families Arizona they could still participate in the evaluation and receive monetary incentives as promised. In some instances, if the family moves out of state, participation will be by telephone. This has already occurred for one family in which the mother moved out-of-state due to domestic violence and telephone contact has been made between the research assistant and the mother.



Recruitment for the longitudinal evaluation began November 1, 2005. Recruitment was originally scheduled for the summer of 2005, but was delayed due to the high number of openings in the participating Healthy Families Arizona sites. Diverting participants toward the control group when there were program openings discouraged recruitment for the evaluation since it created a negative financial impact for the agencies involved. As of October 31, 2006, recruitment for the evaluation has yet to be completed, and an additional 10 families are required for participation in the experimental group. Thus, recruitment to the evaluation has taken approximately 12 months, 6 months longer than originally anticipated. There are several reasons for this delay, which includes:

- the program enrolling a greater number of families involved at the prenatal phase and thus not eligible for participation unless they were in their eighth month of pregnancy or beyond
- incomplete information on the referral that led to failure to contact
- receiving fewer referrals than anticipated
- periods of time when many of the Healthy Families sites were at capacity, so new families could not be enrolled
- many of the families enrolled in Healthy Families were not eligible due to the exclusion criteria.

Table 1 shows the number of baseline, 6-month, and 12-month interviews completed as of October 31, 2006. It is interesting to note the difference in acceptance rates among control and experimental group families. Once families were enrolled in Healthy Families Arizona, there was a 95% chance that they would agree to participate in the longitudinal evaluation. Control group families, however, were much less likely to agree to participate in the evaluation; they had a 62% acceptance rate.



Table 1. Recruitment and follow-up interview summary as of October 2006

	Control Group	Experimental
Total # of referrals	203	97
Non respondents*	50	13
Acceptance rate	62%	95%
Baseline interviews complete	95	80
6-month interviews complete	42	36
12-month interviews complete	1	1

* unable to contact or ineligible for the evaluation.



Data Collection

The outcome portion of the longitudinal evaluation involves the collection of data independent of the ongoing data collection that occurs for Healthy Families Arizona. Maternal demographic data and risk factor data are collected on a questionnaire administered by the research assistants. The questionnaire was designed specifically for the longitudinal evaluation and asks about the mother's living arrangements, employment, education, and her perception of the child and relationship with the father, etc.

Data collection occurs in the home and the visits have averaged 60 minutes. The questions vary somewhat at each data collection period, although some questions remain the same to measure change over time. The first 12-month interview occurred in November 2006. Although the original plan was for the research assistants to be masked with respect to the participants' treatment assignments, this has not been possible as there are only two research assistants. The research assistants have been responsible for recruitment as well as data collection, and this has necessitated that the research assistants know the participant's group assignment so they can determine which form to use for data collection. For instance, for the Healthy Families Arizona participants, the family support specialist administers the Ages and Stages Questionnaire (ASQ), whereas, for control group participants the research assistant administers the ASQ. Once experimental families drop out of Healthy Families, the research assistants administer the ASQ for those families. Although the research assistants are aware of whether or not the family is enrolled in Healthy Families Arizona, they do not ask any questions about their involvement in Healthy Families Arizona.

To ensure that the participants properly understand each item on the questionnaire, the research assistants read all items out loud and record the participants' responses on the questionnaire. Charts that depict the response categories for questions with ordinal level responses (e.g., strongly disagree, disagree, neutral, agree, strongly agree) are used as visual aids to assist the participant in answering the questions. Furthermore, the research assistants are not aware of the specific hypotheses related to the study and have never been involved in delivering or managing the Healthy Families Arizona program or any other type of home visitation program. The research assistants are young females who each have a young child, one is Hispanic and Spanish speaking, and the other Caucasian, thus they mirror some important characteristics of the participants.



Schedule of Standardized Measures

Table 2 presents the standardized measures that are implemented at the different observation points in the longitudinal evaluation. The standardized measures are integrated into the overall questionnaires that have been developed for each data collection point.

Table 2. Schedule of Standardized Measures

Measure	Baseline	6 mo.	12 mo.	24 mo.	36 mo.	48 mo.	60 mo.
Mental Health Inventory	x	x	x	x			
CES-D (Depression Index)	x				x		
Parent Survey	Control only						
Being a Parent	x	x	x		x		x
Adult-Adolescent Parenting Inventory 2	x	x	x		x		
Eyberg (behavior)					x	x	x
Bracken (school readiness)							x
Goals Scale	x	x	x	x			
Social Support (ESLI)	x	x		x			
Mobilizing Resources	x	x				x	
Safety checklist		x	x		x	x	x
HOME		x		x			
ASQ (developmental delay)		x	x	x	x	x	x

In addition to these standardized measures, the questionnaire contains questions in a number of domains including education, employment, family violence, parenting practices, and service use (see appendix A for a copy of the baseline survey). All of the longitudinal evaluation measures, consent forms, etc., are available in both Spanish and English.



Retention

The success of any longitudinal study is reliant upon successful recruitment and retention. Evaluations with high dropout rates can yield biased findings regarding the impact of program services. Retention efforts are critical to the success of this study and will continue to be important in maintaining contact with the study participants for five years. The goal of the Healthy Families Arizona longitudinal evaluation is to retain at least 80% of participating families over the life of the study. The recruitment efforts are particularly crucial here for several reasons: the long-term commitment (e.g., seven one-hour visits over a period of 5 years), the sensitive nature of the questions, and the location of the interview process in the participants' homes. This population tends to have characteristics that make retention difficult. For instance, they are often moving, changing phone numbers and jobs. To date, only five of 94 participants due for their 6-month interview appear to have dropped out, which means the current 6-month retention rate is 95%.

There are two important efforts occurring with this study that are key to retention. The first is removing all possible barriers to keep in contact with participants. The second is establishing a positive relationship between the research assistants and the participants. The research assistants have been challenged by keeping in contact with the participants and not losing them before their next scheduled visit. However, the following data collected at baseline has been extremely helpful in maintaining contact with the participants over time:

- current contact information (address, phone, cell phone, alternative phone, email)
- partner's contact information (boyfriend, father of baby, or husband)
- any plans to move in the next 6 months and any information they have about their new address
- employment and/or school information
- contact information for two people to contact in case the participant cannot be reached.

The information collected has been used to maintain contact with participants when their primary information has changed and initial attempts to contact has failed. This information is updated at each visit.



To offset the long-term commitment, the project reciprocates by providing incentives for participation. The participants have been very pleased with the incentives and most comment that the one-hour they spend with the research assistants is well worth their time, especially with the incentives. These incentives include:

- Information about local resources for basic needs, child care, domestic violence, Arizona Early Intervention Program, etc. as requested
- Control group families are administered the ASQ at 6 months, and at each birthday until the child reaches five years of age. The ASQ is a developmental screening tool used to identify the potential of developmental delays. A referral to a local service provider is given as a result of the ASQ if requested by the parent.
- Monetary incentives are given at each visit
- Monetary incentives are given if the parent provides any change of contact information between visits
- Four cash drawings will be held throughout the 5 years for current participants.

Cash incentives for participation are discussed with participants at each interview. Participants receive \$60 for Year 1 (\$20 for each interview including baseline, 6 and 12 months), \$30 for Year 2 (24 months), \$40 for Year 3 (36 months), \$50 for Year 4 (48 months), and \$60 for Year 5 (60 months). A \$10 incentive is provided to anyone who informs the research assistants of changes in contact information between interviews (i.e., relocation or change in telephone number).

Most important to establishing a positive relationship with the participants is making sure they have ongoing and frequent contact with the same research assistant throughout the study. To date, the two research assistants that started with the study are continuing visits with the participants they recruited. Additional retention efforts that help with establishing a positive relationship include:

- Providing a self-addressed, stamped postcard at the 1st visit for the mothers to submit if their contact information changes



- providing a magnet and business card with contact information for the Research Assistants, including a 1-800 number, email address, and mailing address
- sending thank you cards following each visit
- sending birthday cards for the mother and the child
- sending reminder letters to participants about the next visit and the importance of their continued participation
- a project identity (the Arizona Child Development Project) was created for the evaluation and is promoted through the use of a project logo that can reduce concerns about the credibility of the project and help facilitate recognition of correspondence related to the project.
- reminder phone calls before each visit
- research assistants are available to the participants throughout the study if assistance is needed.



Protection – Data Security, Storage, and Confidentiality

A separate database from the ongoing Healthy Families Arizona evaluation has been developed for the longitudinal evaluation. In order to preserve confidentiality each family is assigned a unique identification number. Each questionnaire is coded with the family's ID number rather than their name to protect confidentiality. The Research Assistants and data entry staff enter the data and file the hard copy records. The hard copy data are stored in file folders in the LeCroy & Milligan Associates, Inc. office in a locked file cabinet. The file cabinet is for the exclusive use of the Healthy Families Arizona longitudinal evaluation. Only the staff members involved with the longitudinal evaluation have access to the data and the list of names associated with the unique identifiers. As an additional precaution the research assistants do not store data in their cars or briefcases.



Characteristics of the Control Group

There are 95 families in the control group and 96 infants as one mother gave birth to twins. Of the 96 children, 54 or 56% are male. The average birth weight was 7.2 pounds with the smallest weighing 2 pounds and 6 ounces. Seventy percent of the infants were born from one to nine weeks prior to term (40 weeks of gestation), and 17% received specialized hospital care at birth. Two were born with birth defects. The 95 mothers range in age from 15 years to 41 years. Table 3 provides additional characteristics of the mothers in the control group. They are mostly minority and low income; many of them have already had at least one child prior to the birth that made them eligible for this evaluation. Fourteen percent of the interviews were conducted in Spanish.

Table 3. Characteristics of control group mothers at baseline (n = 95)

Characteristics	Frequency
Primary language is English	73%
More than one child	57%
Prenatal care received in 1 st trimester	77%
Father present at babies birth	66%
Father has contact with baby	65%
Own a home	16%
Moved in the past 6 months	32%
Have health insurance	85% (76% of those AHCCCS)
Feel very safe in the neighborhood	41%
Currently employed	41% (31% < 36 hours per week)
Difficulty buying food in a typical month	42%
Difficulty paying utilities in a typical month	47%
Difficulty paying rent/mortgage in typical month	30%
Own a vehicle	53%
Less than high school education	38%
CPS involvement as a parent	12%
Minority population	77%



The Process Study

In the next year the process study component of the longitudinal evaluation will begin. The process study is conducted for the purpose of putting the findings of the longitudinal evaluation into context, and will also be used to examine within-group variability in the experimental group. The critical questions asked in the process study include:

1. Is the program implemented as planned (i.e., is in reference to the Healthy Families America critical elements)?
2. Are there any barriers to participation at each site?
3. What are the characteristics of the family support specialists and the supervisors?
4. What are the barriers, if any, to implementing the model?
5. How is the implementing organization structured?
6. What are the barriers, if any, to staffing and organizational implementation?
7. How are services coordinated at the community level?
8. What are the risk and protective factors of the community?
9. What factors are related to differences in outcome within the experimental group? For instance, what factors are associated with differences in retention – length of enrollment)?
10. How does the community perceive Healthy Families Arizona?
11. How do participants perceive their relationships with their family support specialist?
12. How satisfied are participants with Healthy Families Arizona?

Data to be gathered include:

- characteristics of the family support specialists and the supervisors (age, years of experience, education, gender, ethnicity, training)
- retention: length of participation
- intensity: the percentage of home visits completed versus those expected given the level of participation will be calculated.
- Supervision: frequency, content, and duration



- Participant perception of the relationship with the family support specialist
- Participant satisfaction with Healthy Families Arizona services
- Perceptions of Healthy Families Arizona among community service providers (medical providers, social service and education providers, local government).

For further context, each program will be described in terms of longevity and stability, formal and informal collaborations will be assessed through a questionnaire on inter-organizational context. Community demographics will be described for each location as well as challenges to implementing the program.

An in-depth examination will be conducted regarding the decision-making process. For instance, a file review will be conducted for each family assigned to the experimental group. The review will examine the family's status on major risk factors such as depression, substance abuse and domestic violence. These data will be from the Parent Survey and also from the file notes. Data of the existence of risk factors will be compared to data on services referred by the family support specialist, services received, and barriers to the receipt of services (this information is available on the FS23 form. Case and supervision notes will also be examined to describe the decision making process where risk factors are identified. Thus the process study will examine how risk factors are addressed by the family support specialist with the family and in supervision, and how the family responded in terms of service receipt.



Conclusion

Recruitment to the longitudinal evaluation of Healthy Families Arizona began in November 2005. As of October 2006, 95 families had been recruited to the control group and an additional 10 families were still needed for the experimental group. Over this first year of implementation the research assistants have conducted a total of 175 baseline interviews, 78 6-month interviews and 2 12-month interviews. Retention of the families at the end of this first year was 95% for six-month interviews; although this is considered temporary attrition because it is possible that contact with families may be reestablished by the 12-month interview. Recruitment to the experimental group is expected to be completed by the end of calendar year 2006. Efforts in the next year will focus on comparing the control and experimental group participants on baseline data. Second, data collection for the process study, which describes the program of services, as intended and as implemented, will begin. Third, data collection for the outcome study will continue with administration of the remaining six-month and 12-month interviews, and administration of the 24-month interviews beginning in September 2007.



Appendix A. Baseline Survey

Arizona Child Development Project

The questions I have to ask you today are about your pregnancy, the birth of your new baby (baby's name), and your thoughts about parenting. I will also be asking you some questions about your background including how you were parented. As your child gets older, our next visits at 6 months, 1 year, and so on will focus more on the development and behavior of your child.

We are asking these questions of many new parents to learn more about how programs can help parents to do the best job they can to take care of their children. The responses you and other parents provide may lead to new services for parents, and they will help make existing services better.

I am only interested in your opinions and experiences. Please be completely truthful in answering the questions and respond how you truly feel rather than what you think might sound best. I am not going to judge you on anything you say and your name will not be used or associated with this information in any way. Your answers will be summarized with those of many other parents.

The Arizona Child Development Project can only help to build new and better services if it is based on open and honest information from parents like you. When we are finished today, I will give you as a thank you for your time \$20. The questions will take between 60 and 90 minutes. Are you ready to start?



Arizona Child Development Project

Date of Interview: _____

ID # _____

Child Development Specialist Name: _____

LANGUAGE

1. For the purpose of asking you these questions, what language do you speak most easily or most often?

_____ English

_____ Spanish

_____ Other, Specify: _____

2. Are you bilingual?

_____ Yes

_____ No

TRANSITION: The first questions are about your child and your pregnancy.

CHILD'S BIRTH DATE

3. What day was _____ born? Month/day/yr ____/____/20____

CHRONOLOGICAL BIRTH ORDER OF TARGET CHILD

4. Is _____ your first child?

_____ Yes (skip to question #7)

_____ No

5. How many children did you give birth to before _____?

(Do not record stepchildren here): _____

6. What are the ages of all the children living with you?

____/____/____/____/____/____



PRENATAL CARE

7. In what trimester, did you find out you were pregnant?

- 1st (0-11 weeks)
- 2nd (12-24weeks)
- 3rd (25-38 weeks)
- At the end of my pregnancy

8. While you were pregnant with _____, did you ever get prenatal medical care?

- Yes
- No (skip to question #11)

9. IF YES, in what trimester (or week) did you have your first prenatal care visit?

- 1st (0-11 weeks)
- 2nd (12-24weeks)
- 3rd (25-38 weeks)
- At the end of my pregnancy

10. Approximately how many prenatal care visits did you attend? _____

FATHER INVOLVEMENT

11. Was _____'s father present at the birth?

- Yes
- No

12. Does the baby's father live with you?

- Yes (skip to question #15)
- No

13. Does he have contact with _____?

- Yes
- No (skip to question #15)

14. If YES, how often does _____'s father usually see him/her?



BIRTH WEIGHT

15. When _____ was born, how much did he/she weigh?

_____ Pounds _____ Ounces

GESTATIONAL AGE

16. Was _____ born before his/her due date?

_____ Yes

_____ No (skip to question #18)

17. Approximately how many weeks early was _____ born? _____

LEVEL OF NURSERY CARE

18. When _____ was born, did he/she receive any special hospital care? (e.g., intensive care unit, premature nursery, incubator)

_____ Yes, specify what kind _____

_____ No

BIRTH DEFECTS/DISABILITIES

19. Has a doctor ever told you that _____ has a disability or a birth defect?

_____ Yes

_____ No (skip to question #21)

20. What type of disability/birth defect(s) did the doctor say _____ has?

(Do not read list, prompt only if necessary: Down’s Syndrome, Hearing impairments, Visual impairments, Physical health impairments, Cerebral Palsy, Spina Bifida, etc.)



PERCEPTION OF CHILD

21. How would you describe _____ health? Would you say that she/he is in excellent, very good, good, fair, or poor health?

_____ Excellent

_____ Very good

_____ Good

_____ Fair, why did you give this rating? _____

_____ Poor, why did you give this rating? _____

PARENT'S HEALTH

22. How would you describe your health? Would you say that you are in excellent, very good, good, fair, or poor health?

_____ Excellent

_____ Very good

_____ Good

_____ Fair, why did you give this rating? _____

_____ Poor, why did you give this rating? _____



GOAL SETTING/FUTURE ORIENTATION

23. These next 12 items are about the goals you set for yourself. Please select from Definitely False, Mostly False, Mostly True, or Definitely True to best describe yourself. If you like you can point to your answer on the chart.

Goals Scale	Definitely False	Mostly False	Mostly True	Definitely True
a. I can think of many ways to get out of a jam	1	2	3	4
b. I energetically pursue my goals	1	2	3	4
c. I feel tired most of the time	1	2	3	4
d. There are lots of ways around any problem	1	2	3	4
e. I am easily downed in an argument	1	2	3	4
f. I can think of many ways to get the things in life that are most important to me	1	2	3	4
g. I worry about my health	1	2	3	4
h. Even when others get discouraged, I know I can find a way to solve the problem	1	2	3	4
i. My past experiences have prepared me well for my future	1	2	3	4
j. I've been pretty successful in life	1	2	3	4
k. I usually find myself worrying about something	1	2	3	4
l. I meet the goals that I set for myself	1	2	3	4

TRANSITION: For many people, pregnancy and a new baby is a time of making changes in their lives.



24. How do you picture your life one year from now? (prompt: How do you see it the same or different from what it is now? What about for yourself, your child?)

25. How do you picture your life 5 years from now?



26. TRANSITION: These next questions ask about your ideas and beliefs about parenting. On a scale of 1 to 7, with a 1 being strongly disagree and a 7 being strongly agree, tell me or show me on the chart how you would respond to the following items.

BEING A PARENT (EFFICACY AND SATISFACTION)	Strongly Disagree 1	2	3	4	5	6	Strongly Agree 7
a. It's hard to know whether you're doing a good job or a bad job as a parent	1	2	3	4	5	6	7
b. You would make a fine model for a parent to learn how to be a parent	1	2	3	4	5	6	7
c. You feel like you are doing a good job as a parent	1	2	3	4	5	6	7
d. If something is troubling your child, you can figure out what it is	1	2	3	4	5	6	7
e. Your talents and interests are in other areas, not in being a parent	1	2	3	4	5	6	7
f. You know what you need to do to be a good parent	1	2	3	4	5	6	7
g. Parenting leaves you feeling drained and exhausted	1	2	3	4	5	6	7
h. Being a parent is as satisfying as you expected	1	2	3	4	5	6	7
i. You honestly believe you have all the skills necessary to be a good parent to your child	1	2	3	4	5	6	7
j. Being a parent makes you tense and anxious	1	2	3	4	5	6	7
k. It is really difficult to decide how to parent your child	1	2	3	4	5	6	7
l. It seems like you are so busy as a parent that you never get anything done	1	2	3	4	5	6	7



27. These next questions are also about parenting. Please select from the following the answer that best describes your opinion. Remember, there are no right or wrong answers, just your thoughts. If you like you can point to your answer on the chart.

Adult-Adolescent Parenting Inventory	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
a. Children should keep their feelings to themselves	1	2	3	4	5
b. Children should do what they are told to do, when they are told to do it	1	2	3	4	5
c. Parents should be able to confide in their children	1	2	3	4	5
d. Children need to be allowed freedom to explore their world in safety	1	2	3	4	5
e. Spanking teaches children right from wrong	1	2	3	4	5
f. The sooner children learn to feed and dress themselves and use the toilet, the better off they will be as adults	1	2	3	4	5
g. Children who are one year old should be able to stay away from things that could harm them	1	2	3	4	5
h. Children should be potty trained when they are ready and not before	1	2	3	4	5
i. A certain amount of fear is necessary for children to respect their parents	1	2	3	4	5
j. Good children always obey their parents	1	2	3	4	5
k. Children should know what their parents need without being told	1	2	3	4	5
l. Children should be taught to obey their parents at all times	1	2	3	4	5
m. Children should be aware of ways to comfort their parents after a hard days work	1	2	3	4	5
n. Parents who take care of themselves make better parents	1	2	3	4	5
o. It's OK to spank as a last resort	1	2	3	4	5
p. Because I said so is the only reason a parent needs to give	1	2	3	4	5
q. Parents need to push their children to do better	1	2	3	4	5
r. Time-out is an effective way to discipline children	1	2	3	4	5
s. Children have a responsibility to please their parents	1	2	3	4	5



Adult-Adolescent Parenting Inventory	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
t. There is nothing worse than a strong-willed 2 year old	1	2	3	4	5
u. Children learn respect through strict discipline	1	2	3	4	5
v. Children who feel secure often grow up expecting too much	1	2	3	4	5
w. Sometimes spanking is the only thing that works	1	2	3	4	5
x. Children can learn good discipline without being spanked	1	2	3	4	5
y. A good spanking lets children know that parents mean business	1	2	3	4	5
z. Spanking teaches children that it is alright to hit others	1	2	3	4	5
aa. Children should be responsible for the well-being of their parents	1	2	3	4	5
bb. Strict discipline is the best way to raise children	1	2	3	4	5
cc. Children should be their parents' best friend	1	2	3	4	5
dd. Children who receive praise will think too much of themselves	1	2	3	4	5
ee. Children need discipline, not spanking	1	2	3	4	5
ff. Hitting a child out of love is different than hitting a child out of anger	1	2	3	4	5
gg. In father's absence, the son needs to become the man of the house	1	2	3	4	5
hh. Strong-willed children must be taught to mind their parents	1	2	3	4	5
ii. A good child will comfort both parents after they have argued	1	2	3	4	5
jj. Parents who encourage their children to talk to them only end up listening to complaints	1	2	3	4	5
kk. A good spanking never hurt anyone	1	2	3	4	5
ll. Babies need to learn how to be considerate of the needs of their mothers	1	2	3	4	5
mm. Letting a child sleep in their parent's bed every now and then is a bad idea	1	2	3	4	5
nn. A good child sleeps through the night	1	2	3	4	5



TRANSITION: The next few questions are about your current living situation.

HOUSING DENSITY

28. Besides you and (baby's name), how many other people currently live in your household?

_____ (if zero, skip to #30)

FAMILY STRUCTURE

29. What is your relationship to the other _____ (same # as question above) people who live in your household? (Specify the number of each)

_____ Spouse

_____ Unmarried partner

_____ Parents

_____ Other adult relative (grandparents, aunts, uncles, cousins, siblings)

_____ Unrelated adult (friend, roommate, boarder)

_____ Other biological/step children

_____ Related children (siblings, cousins, nieces, nephews)

_____ Unrelated children

HOUSING STATUS

30. What is your current housing situation? Do you:

_____ own (including buying) your home

_____ rent your home

_____ Live with one or both of your parents

_____ Live with other family members or friends

_____ Other _____

31. How many bedrooms does your home have? _____

32. Have you moved in the past 6 months?

_____ Yes

_____ No



33. Do you have any plans for moving in the next 6 months?

- Yes
 No (skip to #35)
 Maybe

34. What information do you currently have about your move/possible move (address, phone number(s), city/state you would be moving to)? _____

COMMUNITY DISORGANIZATION

35. I am going to read a list of characteristics that describe some neighborhoods. For each characteristic I read, please tell me whether or not you feel it describes the neighborhood where you currently live?

Item	Yes	No	Don't Know
a. High rates of crime	1	2	3
b. Drug selling	1	2	3
c. Graffiti	1	2	3
d. Fighting and/or gang violence	1	2	3
e. Poor schools	1	2	3
f. High poverty	1	2	3
g. Homelessness	1	2	3
h. Racially segregated (mostly one race/ethnicity)	1	2	3
i. Few available resources/services	1	2	3
j. What other words would you use to describe your neighborhood?			

36. How safe do you usually feel in your neighborhood?

- Very safe
 Somewhat safe
 Somewhat unsafe
 Very unsafe



TRANSITION: These next questions ask about health insurance and medical care

MEDICAL CARE

37. Do you currently have health insurance?

Yes

No (skip to question #39)

38. What type of health insurance do you have?

AHCCCS

Private Insurance from work (Cigna, Blue Cross, etc.)

Other _____

CONSISTENCY OF PRIMARY CARE PROVIDER

39. When you, the mother, visit the doctor, do you usually see:

the same doctor each time?

one of a few different doctors?

a different doctor each time?

40. Does _____ have health insurance?

Yes

No (skip to question #42)

41. What type of health insurance does _____ have?

AHCCCS

Private Insurance from work (Cigna, Blue Cross, etc.)

Other _____

42. Do the other children in your family have health insurance?

Yes

No

Not applicable



43. I am going to read a list of items that might describe the way you have felt or behaved at some time in the past. For each item, I want you to tell me or show me on the chart, how often have you felt this way in the past month?

Mental Health Index	None of the time	A little of the time	Some of the time	A good bit of the time	Most of the time	All of the time
a. How much time during the past month has your daily life been full of things that were interesting to you?	1	2	3	4	5	6
b. During the past month, how much of the time have you felt loved and wanted?	1	2	3	4	5	6
c. How much of the time during the past month have you been a nervous person?	1	2	3	4	5	6
d. During the past month, how much of the time did you feel depressed?	1	2	3	4	5	6
e. During the past month, how much of the time have you felt tense or high-strung?	1	2	3	4	5	6
f. During the past month, how much of the time have you been in firm control of your behavior, thoughts, emotions, feelings?	1	2	3	4	5	6
g. During the past month, how much of the time did you feel that you have nothing to look forward to?	1	2	3	4	5	6
h. How much of the time, during the past month, have you felt calm and peaceful?	1	2	3	4	5	6
i. How much of the time during the past month have you felt emotionally stable?	1	2	3	4	5	6
j. How much of the time, during the past month, have you felt downhearted and blue?	1	2	3	4	5	6
k. How much of the time during the past month have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
l. During the past month, how much of the time have you felt restless, fidgety, or impatient?	1	2	3	4	5	6
m. During the past month, how much of the time have you been moody or brooded about things?	1	2	3	4	5	6
n. During the past month, how much of the time have you been anxious or worried?	1	2	3	4	5	6
o. During the past month, how much of the time have you been a happy person?	1	2	3	4	5	6
p. During the past month how much of the time have you been in low or very low spirits?	1	2	3	4	5	6
q. How much of the time during the past month have you felt cheerful or lighthearted?	1	2	3	4	5	6



TRANSITION: The next several questions are about the financial resources available to your family.

EMPLOYMENT AND FINANCIAL RESOURCES

44. Are you currently employed?

_____ Yes (skip to question #46)

_____ No

45. IF NOT EMPLOYED, Are you currently looking for work?

_____ Yes (skip to question #48)

_____ No (skip to question #48)

46. IF EMPLOYED, how many hours do you work in a typical week? _____ Hours

47. About how much did you earn from your job during these past two weeks? \$ _____

48. In what other ways do you currently support your family financially?

(Read list out loud and indicate all that apply)

_____ Partner's employment

_____ Paid family/maternity leave

_____ TANF (Welfare/Cash assistance)

_____ Child support

_____ Social security income

_____ Unemployment insurance

_____ Money from family/friends

_____ Other, Specify: _____

49. How much income did you receive last month from (read sources checked from above)? _____

50. Including all sources of income, is this the usual amount you receive on a monthly basis?

_____ Yes

_____ No, please specify typical amount _____



FINANCIAL HARDSHIP

51. In a typical month, how much difficulty do you have buying food?

- A lot
- Some
- A little
- None (skip to question #54)

52. In the past month, did you or any of your children ever not eat for half a day or more because food was not available?

- Yes
- No (skip to question #54)

53. IF YES, How many days in the past month did anyone in your family not eat because food was not available? _____ times

54. How often do you eat fruits and vegetables?

- Daily
- 4 to 6 times per week
- 2 to 3 times per week
- once a week
- less than once a week

55. In a typical month, how much difficulty do you have paying your utilities?

- A lot
- Some
- A little
- None

56. In a typical month, how much difficulty do you have paying your rent/mortgage?

- A lot
- Some
- A little
- None



57. In the past 12 months, have you been evicted?

_____ Yes

_____ No

58. How much do you currently spend on housing or rent per month (not including utilities)? \$ _____

TRANSPORTATION

59. Do you currently have a valid driver's license?

_____ Yes

_____ No

60. Do you currently own a vehicle?

_____ Yes

_____ No (skip to question #63)

61. Is your vehicle insured?

_____ Yes

_____ No

62. Is your vehicle registered?

_____ Yes

_____ No

TRANSITION: The next several questions are about your and (baby's name's) father's education.

MOTHER'S EDUCATION

63. Are you currently attending school and/or in job training?

_____ Yes

_____ No



64. What is the highest level of education that you have completed?

Grade school (through Junior High School)

Some high school

High school diploma or GED

Some college

College degree

Beyond college (Master's, PhD)

Other: _____

FATHER'S EDUCATION

65. What is the highest level of education that _____'s father has completed?

Grade school (through Junior High School)

Some high school

High school diploma or GED

Some college

College degree

Beyond college (Master's, PhD)

Don't know/Not sure

Other: _____

COGNITIVE ABILITY

66. Have you ever been diagnosed with a disability?

Yes

No (skip to question #68)

67. If YES, what type of disability? _____

68. Have you ever attended special education classes?

Yes

No



TRANSITION: The next several questions are about the uses of substances like alcohol, drugs, & tobacco.

PARENTAL ALCOHOL USE

69. Did you ever use alcohol during your pregnancy?

Yes

No (skip to question #74)

70. About how often did you use alcohol during your 1st trimester (0-11 weeks)?

less than once a month

about monthly

about once or twice a week

three to five times per week

almost every day

71. About how often did you use alcohol during your 2nd trimester (12-24 weeks)?

less than once a month

about monthly

about once or twice a week

three to five times per week

almost every day

72. About how often did you use alcohol during your 3rd trimester (25-38 weeks)?

less than once a month

about monthly

about once or twice a week

three to five times per week

almost every day

73. Did you ever have more than three drinks on any one occasion while pregnant?

Yes

No



PARENTAL DRUG USE

74. Did you ever use drugs other than from a prescription or over-the-counter during your pregnancy?

_____ Yes

_____ No (skip to question #79)

75. What kind of drugs did you use during your pregnancy?

76. About how often did you use these drugs in your 1st trimester (0-11 weeks)?

_____ less than once a month

_____ about monthly

_____ about once or twice a week

_____ three to five times per week

_____ almost every day

77. About how often did you use these drugs in your 2nd trimester (12-24 weeks)?

_____ less than once a month

_____ about monthly

_____ about once or twice a week

_____ three to five times per week

_____ almost every day

78. About how often did you use these drugs in your 3rd trimester (25-38 weeks)?

_____ less than once a month

_____ about monthly

_____ about once or twice a week

_____ three to five times per week

_____ almost every day



PARENTAL TOBACCO USE

79. Did you use tobacco during your pregnancy?

_____ Yes

_____ No (skip to question #83)

80. On average, about how many cigarettes did you smoke per day during your 1st trimester (0-11 weeks)? _____

81. On average, about how many cigarettes did you smoke per day during your 2nd trimester (12-24 weeks)? _____

82. On average, about how many cigarettes did you smoke per day during your 3rd trimester (25-38 weeks)? _____

MOBILIZING RESOURCES

83. These next questions are about your knowledge of resources for help for you and your family. For each question answer with the item that best describes how you feel about your knowledge of resources or point to your answer on the chart.

	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
a. I know where to find the help I need for my family	1	2	3	4	5
b. I know where to find help with medical questions	1	2	3	4	5
c. I know I can get help if I feel I need it	1	2	3	4	5
d. I am comfortable finding the help I need	1	2	3	4	5
e. I know places in the community I can go to for help	1	2	3	4	5
f. It is hard for me to ask for help	1	2	3	4	5



RELIGIOSITY

84. Do you attend religious services or activities?

- Never
- Rarely
- 1-2 times per month
- Once a week or more

85. Are you currently a member of a church?

- Yes
- No

USE OF FORMAL RESOURCES

86. Over the past year, have you used any of the following services?

Agency	Yes	No	Don't Know
a. Food stamps	1	2	3
b. WIC	1	2	3
c. Food Bank	1	2	3
d. DES subsidized childcare	1	2	3
e. Public Health Nurse	1	2	3
f. Health Start	1	2	3
g. Early Head Start	1	2	3
h. Child Protective Services	1	2	3
i. Division of Developmental Disabilities (DDD)	1	2	3
j. Mental Health Treatment (counseling, medication)	1	2	3
k. Clothing Bank	1	2	3
l. Free Diapers	1	2	3
m. Arizona Early Intervention Program (AzeIP)	1	2	3
n. Are there any other services that you use that I didn't mention? Please list:	1	2	3



SOCIAL SUPPORT (ESLI)

87. I am going to read you a list of statements regarding the support you feel you have in your life. Please tell me or show me on the chart how often the statement describes how you felt in the past two weeks.

Item	Not true	Rarely True	Sometimes True	Often True
a. I don't feel like I have a close friend	1	2	3	4
b. I'm afraid to trust others	1	2	3	4
c. I don't feel like I have a partner (boyfriend or husband)	1	2	3	4
d. Those close to me feel burdened by me when I share my problems	1	2	3	4
e. I don't feel needed or important to others	1	2	3	4
f. I don't feel I can share personal thoughts with anyone	1	2	3	4
g. I don't feel understood	1	2	3	4
h. I don't feel safe to reach out to others	1	2	3	4
i. I feel lonely	1	2	3	4
j. I don't feel part of a social group	1	2	3	4
k. I don't feel like I made contact with anyone today	1	2	3	4
l. I don't feel like I have anything to say to people	1	2	3	4
m. I don't feel that I am being myself with others	1	2	3	4
n. I fear embarrassing myself around others	1	2	3	4
o. I don't feel I am interesting	1	2	3	4



TRANSITION: These next questions are about how you were treated as a child and some of the experiences you may have had.

CHILDHOOD HISTORY OF ABUSE/NEGLECT

88. How did your parents or caretakers discipline you as a child? (prompt if needed: for instance did they take away toys, send you to the corner, yell, spank, etc.)

89. Were you ever neglected by your parents/caretakers as a child?

____ Yes

____ No

90. Were you ever emotionally abused by your parents/caretakers as a child (calling you names, putting you down, sworn at)?

____ Yes

____ No

91. Were you ever physically abused when you were a child?

____ Yes

____ No

92. Were you ever abused sexually as a child?

____ Yes

____ No

93. Have you ever received counseling or therapy to deal with any abuse you experienced as a child?

____ Yes

____ No

____ N/A



CPS INVOLVEMENT

94. Have you ever had any involvement with Child Protective Services (CPS) as a parent?

_____ Yes

_____ No (skip to question #96)

95. Please explain: _____

TRANSITION: These next questions are about your current lifestyle.

ALCOHOL USE (ONGOING)

96. Do you drink beer or alcohol?

_____ Yes

_____ No (skip to question #99)

97. If YES, in the past 2 weeks, how many days did you drink beer or alcohol? _____

98. On how many of those days you drank beer/alcohol did you drink three or more drinks? ____

DRUG USE (ONGOING)

99. Do you smoke marijuana?

_____ Yes

_____ No

100. Do you use any other drugs, for example, cocaine, crack, or meth?

_____ Yes

_____ No (if no to 99 & 100, skip to question #103)



101. IF YES, can you tell me what kind:

102. In the past 2 weeks, how many days did you use drugs? _____

TOBACCO USE (ONGOING)

103. Do you currently use tobacco?

_____ Yes

_____ No (skip to question #105)

104. If YES, what is the average number of cigarettes you smoke per day? _____

DRUG TREATMENT

105. Are you currently receiving any drug or alcohol treatment (AA, NA, other treatment)?

_____ Yes

_____ No

106. Have you ever received any drug/alcohol treatment?

_____ Yes

_____ No

107. Do you think you could benefit from drug/alcohol treatment?

_____ Yes

_____ No

_____ Don't Know

DOMESTIC VIOLENCE

108. No matter how well a couple gets along, there are times when they disagree, get annoyed, want different things, or just have fights because they are in a bad mood, or some other reason. Couples also have many different ways of trying to settle their differences. In the past 12 months, how often has any partner (current or ex) ever done any of the following to you? (record in first column)



109. Follow-up with: In the past 12 months, have you ever treated your partner in any of the following ways? (record in second column)

(see next page to record answers to these two questions)

0 = Never 1 = Once Only 2 = Twice Only 3 = 3 to 5 times 4 = 6 to 10 times 5 = 11 to 20 times 6 = more than 20 times 9 = NA, no partner

Item	108. Your partner did to you	109. You did to your partner
a. Cursed or swore at <u>you</u> (your partner)		
b. Shouted or yelled at <u>you</u> (your partner)		
c. (You) Stomped off during a disagreement		
d. Said something to hurt <u>you</u> (your partner)		
e. Called <u>you</u> (your partner) fat, ugly or unattractive		
f. Deliberately destroyed something that belonged to <u>you</u> (your partner)		
g. Threatened to hit or throw something at <u>you</u> (your partner)		
h. Pushed or shoved <u>you</u> (your partner)		
i. Slapped <u>you</u> (your partner)		
j. Forced sex on <u>you</u> (your partner)		
k. Thrown or tried to throw <u>you</u> (your partner)		
l. Thrown an object at <u>you</u> (your partner)		
m. Choked, kicked or punched <u>you</u> (your partner)		
n. Threatened <u>you</u> (your partner) with a knife or a gun		
o. Used a knife or gun on <u>you</u> (your partner)		



CRIMINAL INVOLVEMENT

110. Over the past 12 months, have you or your partner or ex partner had any involvement in, or contact with the police for the following:

Item	You	Partner or ExPartner
a. Property crime	____ Yes ____ No	____ Yes ____ No
b. Violent crime	____ Yes ____ No	____ Yes ____ No
c. Alcohol or drug related offenses	____ Yes ____ No	____ Yes ____ No
d. Domestic violence	____ Yes ____ No	____ Yes ____ No
e. Concerns for the well-being of your children	____ Yes ____ No	____ Yes ____ No
f. Have you been in jail/prison	____ Yes ____ No	____ Yes ____ No
Any other reasons:	____ Yes ____ No	____ Yes ____ No

CES-D

111. I am going to read a list of items. For each item, I want you to tell me or show me on the chart, how often have you felt this way in the past week, if at all?

Item	Rarely or none of the time (less than one day)	Some or a little (1 – 2 days)	Occasionally (3 to 4 days)	Most or all of the time (5-7 days)
a. I was bothered by things that usually don't bother me	1	2	3	4
b. I did not feel like eating, my appetite was poor	1	2	3	4
c. I felt that I could not shake off the blues even with help from my family or friends	1	2	3	4
d. I felt I was just as good as other people	1	2	3	4
e. I had trouble keeping my mind on what I was doing	1	2	3	4



Item	Rarely or none of the time (less than one day)	Some or a little (1 – 2 days)	Occasionally (3 to 4 days)	Most or all of the time (5-7 days)
f. I felt depressed	1	2	3	4
g. I felt that everything I did was an effort	1	2	3	4
h. I felt hopeful about the future	1	2	3	4
i. I thought my life had been a failure	1	2	3	4
j. I felt fearful	1	2	3	4
k. My sleep was restless	1	2	3	4
l. I was happy	1	2	3	4
m. I talked less than usual	1	2	3	4
n. I felt lonely	1	2	3	4
o. People were unfriendly	1	2	3	4
p. I enjoyed life	1	2	3	4
q. I had crying spells	1	2	3	4
r. I felt sad	1	2	3	4
s. I felt that people disliked me	1	2	3	4
t. I could not get going	1	2	3	4
u. I felt like harming myself	1	2	3	4
v. I felt angry	1	2	3	4

TRANSITION: These are the final six questions.

PARENT AGE

112. What is your birth date? _____ MM/DD/YY

113. What is the birth date of _____'s father _____ MM/DD/YY
(if unknown get approximate age)



PARENT RACE/ETHNICITY

114. How do you describe your race or ethnicity?

- _____ White
- _____ Hispanic (originating from what country)_____
- _____ African American/Black
- _____ Asian/Pacific Islander
- _____ American Indian, Aleut, Eskimo
- _____ Multi-Racial/Mixed, Specify: _____
- _____ Other, Specify: _____

115. How do you describe _____'s father's race or ethnicity?

- _____ White
- _____ Hispanic (originating from what country)_____
- _____ African American/Black
- _____ Asian/Pacific Islander
- _____ American Indian, Aleut, Eskimo
- _____ Multi-Racial/Mixed, Specify: _____
- _____ Other, Specify: _____

116. For the final question, if you don't mind, I would like to record your response so that I don't have to interrupt you to catch up with writing what you say. I would like you to describe (baby's name) for me? (Pause) What have you discovered about (baby's name) so far?
(Prompts: baby's name's personality, temperament, what makes the baby stop crying, what do you see when you look at your baby, how does your baby make you feel)

(Some things you might consider when asking this question: allow time for silence, nodding, facial expressions, make them feel special, compliment, okay to relate as a mom, be empathetic to mom's who are having trouble.)



117. Are there any particular problems for you or your family that you feel you need help or assistance with?

Check which of the following were given to the family. If none given, check here: _____

Basic needs resources:

- _____ AHCCCS Health Insurance
- _____ Local housing assistance agencies
- _____ Tucson Learn and Save
- _____ Local employment assistance agencies

Behavioral health:

- _____ La Frontera Center, Inc.
- _____ Local behavioral health agencies
- _____ Mentally Ill Kids in Distress

Child care:

- _____ United Way Information & Referral
- _____ La Frontera Center, Inc.

Child development:

- _____ Breastfeeding support
- _____ Early Intervention for Infants/Toddlers
- _____ Health Start Program
- _____ Shaken Baby Syndrome
- _____ United Way – Overall

Domestic violence:

- _____ United Way shoe card

Parenting resources:

- _____ CFR resource list
- _____ MIKID
- _____ Pima County Choices for Families
- _____ United Way Information & Referral
- _____ The Parent Connection
- _____ Parent Assistance Hotline

Have interviewee initial the below statement:

I have just completed the interview questions and have received the incentive of \$20.

_____ (initial here)

